

South Dakota Department of Health Tobacco Control Program Annual Report Fiscal Year 2007

Tobacco use remains the leading cause of preventable death in South Dakota. More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*.

In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts. The Tobacco Control Program (TCP) works to reduce the morbidity and mortality caused by tobacco use, and focuses efforts in three goal areas:

- Reduce the number of young people who start using tobacco;
- Increase the number of people who quit using tobacco; and
- Reduce the number of nonsmokers exposed to secondhand smoke.

The TCP is involved in a variety of activities that are designed to achieve these goals – all of which are based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. The nine components of comprehensive tobacco control are: (1) community programming; (2) linkage to chronic disease programs; (3) school programming; (4) linkage to enforcement of tobacco control policies; (5) statewide programming; (6) counter-marketing; (7) cessation programming; (8) surveillance and evaluation; and (9) administration and management. The following summarizes program efforts in each of the nine component areas.

❖ **Community Programming**

Community-based programs are an effective part of comprehensive prevention efforts and involve local community members such as business leaders, health care providers, young people, parents, and others interested in tobacco prevention and control efforts.

In fiscal year 2007 the DOH awarded 13 communities up to \$18,000 each to support community-wide tobacco prevention efforts. The program also offered technical assistance to these communities throughout the year. The awards were made through a competitive RFP process and based on the population being served, activities proposed, and available funding. Community-based coalitions funded included Aberdeen, Brookings, Chamberlain, Eagle Butte, Flandreau, Mitchell, Rapid City, Sioux Falls, Sturgis, Turner County, Wagner, Watertown, and Yankton.

Community-wide coalitions carry out a variety of tobacco prevention activities throughout the year. In addition, the TCP provides resources and assistance to other individuals and groups working on tobacco prevention where there is not a broad-based, community coalition. During the past year, examples of the efforts conducted at the local level include:

- Worked with employers to encourage tobacco cessation and tobacco-free policies to protect nonsmokers and support employees who are trying to quit using tobacco;
- Worked with healthcare providers who offer perinatal education and cessation support to expectant and new parents on the dangers of tobacco not only to the mother smoking, but also the baby and others in the home;

- Provided education and counter-marketing to the public about the dangers of tobacco use and secondhand smoke, including messages specifically for American Indian people in South Dakota;
- Increased awareness of credible cessation services for the general public available through health care providers, schools, and others within their community;
- Promoted tobacco-free lifestyles and smoke-free/tobacco-free options where people can live, work, and play;
- Reinforced the "social norm" that the majority of people do not use tobacco;
- Provided culturally-sensitive tobacco prevention education and messaging about the dangers of commercial tobacco use;
- Sponsored teacher training and tobacco prevention curricula, as well as other assistance to schools; and
- Provided a variety of educational materials and resources to communities, schools, other agencies, and individuals interested in tobacco prevention.

The DOH received the first allocation from the increased tax on tobacco products in the spring of calendar year 2007. One of the projects that will be supported with this increased funding is the expansion of tobacco prevention support to local community coalitions. In addition to the work described above, the TCP is working with the Department of Human Services to increase the number of local tobacco prevention coalitions and the staff support available to these coalitions. Because funding coalition support is provided via the RFP process, the expanded efforts will commence in FY 08 and be reported in the corresponding annual report.

❖ **Linkage to Chronic Disease Programs**

Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. This linkage also leads to a broad range of methods to increase prevention and cessation efforts, especially for people with diseases exacerbated by tobacco use.

The Tobacco Control Program works closely with chronic disease programs such as the Diabetes Prevention and Control Program, the *All Women Count!* Breast and Cervical Cancer Control and Chronic Disease Screening Programs, and Healthy SD (physical activity and nutrition and cardiovascular health). Staff collaborate to promote cessation, and educate the public about the dangers of tobacco use and the harmful effects of secondhand smoke. Examples of efforts include:

- Information about the South Dakota QuitLine (QL) and tobacco prevention is included in educational and communication materials of chronic disease programs. For example, information about the QuitLine was sent to over 1,200 tobacco users enrolled in the Breast and Cervical Cancer Control Program. The Diabetes Prevention and Control Program provides a diabetes case management program to clinicians, which includes reminders to ask patients about tobacco use and document advice and referrals to help them quit. The system is designed to encourage professionals to consistently advise patients who use tobacco to quit. It also allows the clinician to monitor their impact on patient behavior. The Diabetes Prevention and Control Program also includes QuitLine information on their educational materials. HealthySD staff work with the TCP to promote the QuitLine and tobacco-free policy information to the public through various projects, such as worksite wellness materials which are given to employers across the state and the Healthy Hunter Campaign.

- Tobacco cessation and prevention information is linked to websites for *All Women Count!*, Diabetes Prevention and Control Program, and Healthy South Dakota.
- The *All Women Count!* Program (providing cancer, cardiovascular, and diabetes screening) uses clinician manuals on treating tobacco cessation and QL referral materials, developed and distributed with support from the Tobacco Control Program.

In addition to working with state programs that address chronic disease, the program also works with health care providers serving people with chronic disease. Information and resources are shared with providers in a variety of ways. The *South Dakota Public Health Bulletin* is received by approximately 2,500 people who are able to use the information to educate others. The TCP provided facts about youth tobacco use and the Surgeon General's 2006 report about the dangers of secondhand smoke for an issue of the bulletin.

Employers are another point of access for impacting people with chronic disease. The TCP provided resources and toolkits to encourage tobacco cessation and policies to protect employees from secondhand smoke for several years.

❖ **School Programming**

Several studies have shown that there are school-based tobacco prevention programs which reduce or delay smoking. The impact of these programs can be increased by conducting other efforts, such as counter-marketing and community-wide prevention efforts including promoting tobacco-free policies. TCP staff work with others such as the staff in the DOH/Department of Education (DOE) Coordinated School Health Program, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula and programming.

In FY 2007, the TCP offered resources to schools interested in implementing tobacco-free policies and programs. Examples of some activities involved in school programming include:

- Provided training and materials to more than 43 teachers and 45 schools to enable them to use evidence-based tobacco prevention curriculum;
- Prepared more than 125 middle and high school students from more than 15 different communities to be mentors to younger children and educate others about the dangers of tobacco use using the American Lung Association's Teens Against Tobacco Use (TATU) program;
- Prepared 20 adults from 10 different communities to facilitate the American Lung Association's group cessation program for teens, Not On Tobacco;
- Provided tobacco prevention resources to numerous schools and parent organizations throughout the state;
- Collaborated with DOE to mail tobacco prevention resource information to more than 400 school personnel; and
- Placed tobacco prevention messaging in various high school publications around the state.

The TCP also initiated new school-based tobacco prevention projects. As was noted above, the DOH received the first allocation from the increased tax on tobacco products in the spring of calendar year 2007. One of the efforts supported with this funding was the expansion of tobacco prevention school programming. The Tobacco Control Program expanded the pilot program for K -12 and post secondary institutions initiated the previous

year by first offering tobacco prevention grants to administrators at public and tribal institutions. Once agreements were established with these entities, offers were sent to administrators of private schools.

The purpose of providing grants to these institutions is to reduce tobacco use and exposure to others' tobacco use, as well as enhance the education of students who may one day be in a position to provide health and wellness information to others. Grants require the funding to be used for tobacco prevention activities only. Tobacco prevention staff are designated to provide technical assistance to each grantee, and reports summarizing grantee efforts are required to ensure appropriate use of the funding.

❖ **Linkage to Enforcement of Tobacco Control Policies**

Enforcing tobacco control policies sends a message to the public that such policies are important and supports the social norm that most people do not use tobacco.

The Tobacco Control Program works to support tobacco-free policies as a means of reducing the negative role modeling to children and protecting nonsmokers from secondhand smoke. Support includes supplying educational materials about the dangers of tobacco use, signage about existing policies and state law, and sample policies for organizations interested in voluntary smoke-free and tobacco-free policies. In fiscal year 2007, the TCP provided aluminum (policy reminder) signs to numerous communities across the state. Organizations receiving signs included schools, businesses, health care facilities and tribal entities that provide a smoke- or tobacco-free environment.

❖ **Statewide Programming**

Statewide programming increases the effectiveness of local efforts, enhances the skills and resources of local prevention volunteers and makes valuable use of resources that would otherwise be difficult for individuals and local organizations to obtain. Examples of statewide programming conducted by the Tobacco Control Program include:

- Supported and encouraged employers and organizations to implement tobacco-free policy and support tobacco cessation by providing additional tools and resources to employers and community members working on tobacco prevention. Business kits with information about implementing tobacco-free policy and supporting employee cessation are distributed around the state and a tobacco-free webpage was launched at www.healthysd.gov/tobaccofree.html. Both of these projects help employers provide an environment that offers the opportunity and resources to optimize the health and well-being of employees and the customers who do business with them. Parks and recreation groups are provided with information and resources to promote and support tobacco free environments for children and families.
- Sponsored tobacco prevention educational sessions at the 2007 South Dakota Public Health Conference. The sessions provided an opportunity for coalition members, health care providers, and educators from communities around the state to learn from regional and national speakers. Information was provided about current, effective tobacco prevention interventions on such topics as tribal policies to protect tribal members from secondhand smoke, public education and messaging to increase tobacco cessation, and protecting people from secondhand smoke in multi-housing settings.
- Provided members of the South Dakota Tribal Tobacco Coalition, staff from Aberdeen Area Tribal Chairmen's Health Board (AATCHB), and other tribal agencies and communities with commercial tobacco prevention resources, including radio,

- print, and TV media produced specifically for American Indian people in the state. Materials from this campaign were public-service award winners in competitions at the state and regional level for the American Advertising Federation.
- Supported the efforts of medical, dental, and other health professionals and organizations around the state to advise patients to quit using tobacco. This included DOH's Baby Care staff providing case management and resources to high risk, pregnant females and new parents. The TCP also provided educational and written materials, such as the "You Can Quit" series to clinicians serving a variety of other populations as well.
 - Shared tobacco-related resources and materials with public and private organizations and individuals. The program distributed more than 140,000 educational pieces to more than 137 different communities across the state. For example, information about the SD QuitLine and the health hazards of secondhand smoke were provided to private health care facilities for clients and to thousands of families served by the Women Infants and Children (WIC) Supplemental Nutrition Education program, clients of the *All Women Count!* Breast and Cervical Cancer Program and Department of Social Services clients (i.e., Medicaid and TANF). Other recipients of educational and cessation resources included clinicians in private and public health practice across the state, tribal and IHS health facilities, and the Ronald McDonald Care Mobile. The program also shared resources with statewide groups such as the Municipal League at their annual conference, the South Dakota Tribal Tobacco Coalition, the Oral Health Program, and staff working to address cardiovascular health and physical activity, as well as dental professionals to coordinate ongoing efforts to reduce death and disease caused by tobacco use.
 - Partnered with the Aberdeen Area Tribal Chairmen's Health Board to sponsor a two-day tribal policy workshop in March 2007. Members of each tribe were invited to attend. Speakers from other tribes who had successfully implemented commercial tobacco policy provided information to participants.

❖ **Counter- Marketing**

Tobacco products are among the most intensely advertised and promoted products in the United States. According to the Federal Trade Commission's cigarette report issued in 2007, manufacturers reported spending over \$13 billion on marketing expenditures in 2005. Nearly \$11 billion was spent on "price discounts paid to retailers or wholesalers to reduce the price of cigarettes to consumers" – the largest single category of expenditures reported by the tobacco manufacturers.

While the industry also reported spending on advertising intended to reduce youth smoking, a recently published study in the *American Journal of Public Health* indicates that tobacco industry advertising targeted at youth has little or no beneficial effects on their smoking behavior. In addition, the study found that youth exposed to industry-sponsored ads which encourage parents to talk to their children about smoking, was associated with lower perceived harm of smoking, stronger approval of smoking, stronger intentions to smoke in the future, and greater likelihood of having smoked in the past thirty days.

Research has shown that state-sponsored anti-tobacco advertising is associated with greater anti-tobacco sentiment and reduced smoking, especially when combined with other prevention efforts. Therefore, it is important to conduct counter-marketing and other components of comprehensive tobacco control to counteract pro-tobacco influences.

The TCP conducted a variety of media campaigns to counter pro-tobacco influences including:

- Cessation /QuitLine Promotion (October 2006 – February 2007) – The campaign utilized a TV ad used successfully in another state as well as radio and print ads produced for the South Dakota QuitLine. Execution strategy was designed to give adult tobacco users a reason to quit and the tools to help them do so.
- Youth Prevention Campaign (February 2007 – May 2007) – The campaign used television ads used successfully in other states to prevent initiation of tobacco use and to inform youth of the dangers of secondhand smoke. Ads were placed on networks that were highly rated among youth and young adults. In addition, ads also ran during South Dakota High School Activity Association events on South Dakota Public Broadcasting.
- Pregnant Women/Parents Campaign (February 2007 – April 2007) – Television ads focusing on the harmful effects secondhand smoke has on children. Ads were placed during timeslots frequently watched by women and families.
- American Indian Tobacco Cessation Campaign (April 2007 – August 2007) – A radio and television ad campaign using ads produced for the DOH ran in communities that are predominantly American Indian.
- Youth Print Ad Campaign (October 2006 – May 2007) – Ran print ads in athletic programs for South Dakota High School Activity Association events. The ads focused on spit tobacco use prevention and the dangers of secondhand smoke.

The TCP also provided support and technical assistance to communities across the state with local counter-marketing activities. The TCP also provided secondhand smoke messaging to WIC clients statewide, local access to professionally developed and tested messages and media, news releases about tobacco prevention, and information and materials at no cost through mailings and distribution at public events as well as through the DOH web page (<http://www.state.sd.us/DOH/catalog.htm>).

❖ **Cessation Programming**

According to preliminary data from the 2006 Behavioral Risk Factor Surveillance System (BRFSS), 20.3% of adult South Dakotans are current smokers. More than 70% of smokers want to quit but few succeed without help. According to the CDC publication *Coverage for Tobacco Use Cessation Treatments*, tobacco cessation treatment at least *doubles* quitting success rates. Tobacco use cessation treatment is the single most cost-effective health insurance benefit for adults that can be provided to employees.

The South Dakota QuitLine provides statewide access to toll-free, telephone cessation counseling and also offers discounted nicotine replacement patches or prescription medicine to participants. As of June 30, 2007, the QuitLine has provided cessation services to more than 29,529 individuals since it started in January 2002 and over 3,000 tobacco users in calendar year 2006. According to preliminary data for calendar year 2006, the fifth year of operation, the statewide QuitLine demonstrated a 25% quit rate. This represents quit status 12 months after quitting for respondents reached at follow-up. In comparison, only about 5% of people who try to quit on their own are still abstinent a year later.

The QuitLine has addressed many barriers that hinder attempts to quit using tobacco. For example, the services are provided in the privacy of one's own home at a time most convenient for them. Support of healthcare providers continues to be very strong.

In addition to supporting the statewide tobacco QuitLine, the Tobacco Control Program has provided other cessation education and resources to health care professionals and employers around the state. Examples of the resources are written materials with quit tips for patients, quit kits with materials and ideas to help them overcome nicotine withdrawal and cravings, and resources to improve the ability of healthcare professionals to consistently encourage tobacco cessation. Additional details are described in the "Statewide Programming" section of this report.

❖ **Surveillance and Evaluation**

Monitoring tobacco-related behaviors and attitudes provides valuable information about progress toward goals and prevalence of tobacco use. Whenever possible the most recent data available (calendar year 2006) is reported. The source and date of the data is included in the information provided in the data attached to this report.

The Youth Tobacco Survey (YTS) was last conducted in middle schools across the state in 2005. It will be conducted again in the fall of 2007. Key findings from this survey and others with tobacco-related data are found at the end of this report, with the complete findings found on the TCP's webpage (www.state.sd.us/doh/Tobacco/) along with other data related to tobacco use. Copies of reports are also available upon request.

In an effort to streamline data collection and reduce the number of surveys being conducted in schools while maintaining an adequate level of surveillance, the Tobacco Control Program collaborates with the Departments of Education and Human Services to use the Youth Risk Behavior Survey (YRBS) to obtain data about tobacco use by high school students. Results from the 2005 YRBS are available on the Department of Education's webpage (<http://doe.sd.gov/oess/schoolhealth/yrbs/>). The YRBS is also carried out every other year, and implementation in high schools is planned for 2007.

There was a slight increase in tobacco use by middle school youth and pregnant females, as well a concerning increase in the young adult population. The TCP is using additional funding from the tobacco tax to expand efforts to address tobacco use by these populations.

Other surveillance and evaluation tools used to monitor attitudes and behavior related to tobacco use include quit rate and client satisfaction evaluation conducted by South Dakota State University, BRFSS, and information from the DOH Office of Data, Statistics, and Vital Records. Using the data collected, prevention efforts at the state and local level can then be directed to areas of greatest need and within specific population groups showing high use, such as American Indians, people with low socio-economic status, and youth. While pregnant females in South Dakota smoke at about the same rate as the national average, attention is given to this group because of the substantial risks to both the pregnant smoker and the fetus.

In FY07, the TCP collaborated with the University of South Dakota Business Research Bureau (BRB) to conduct a policy survey related to tobacco. The data was collected during the first quarter of fiscal year 2007. More than 140 school administrators participated resulting in an 83% response rate. The combined enrollment of the participating schools represented more than 111,700 students which was more than 91% of all students in the state's public K-12 system. The information gathered is being used by the TCP to understand policy-related issues for schools and to increase the number of schools with tobacco-free policy. The data was also provided to Coordinated School Health staff to assist their efforts to improve the health and well-being of students and staff.

In addition to the surveillance and evaluation depicted above, the TCP initiated efforts to enhance program evaluation. Using funds from the tax on tobacco products, the TCP will work with the BRB to develop a plan to coordinate surveillance and evaluation projects, including independent evaluation of program projects such as the South Dakota QuitLine and counter-marketing campaigns.

❖ **Administration and Management**

Effective programming requires strong program management and coordination of a variety of different efforts. The following Tobacco Control Program staff integrate tobacco prevention efforts at the state and local level in all of the component areas of comprehensive tobacco control.

- The *Project Director* is responsible for overall program management, QuitLine coordination, monitoring of program budget, liaison with other statewide agencies and health care organizations, and
- The *Program Coordinator* focuses on CDC grant management and coordination of regional tobacco prevention efforts (i.e., local coalition support and oversight).

The program also enlists input from the Tobacco Advisory Committee which is made up of individuals working on tobacco prevention in various areas such as American Indian communities, medical and dental professions, professionals working with high school and college students, and partner organizations such as the American Cancer Society and the American Lung Association.

TOBACCO CONSUMPTION

The best estimate available for tobacco consumption in South Dakota is collected by the South Dakota Department of Revenue and is based on cigarette tax stamps sold and the tax paid by wholesalers/distributors for other tobacco products. This indirect method of measuring consumption is also used by other states. The following figures represent the number of cigarette tax stamps sold in a fiscal year and the tax paid by wholesalers for other tobacco products.

Fiscal Year	# of Cigarette Tax Stamps Sold	Tax Paid by Wholesalers for Other Tobacco Products
2007	45,594,184 for stamped packs of 20 cigarettes 111,600 for stamped packs of 25 cigarettes	\$1,910,428
2006	53,527,292 for stamped packs of 20 cigarettes 139,340 for stamped packs of 25 cigarettes	\$1,478,894
2005	52,640,731 for stamped packs of 20 cigarettes 122,773 for stamped packs of 25 cigarettes	\$1,444,045
2004	52,322,330 for stamped packs of 20 cigarettes 153,701 for stamped packs of 25 cigarettes	\$1,362,950
2003	54,068,551 for stamped packs of 20 cigarettes 136,468 for stamped packs of 25 cigarettes	\$1,325,013

NOTE: The tax rate for cigarettes increased on January 1, 2007 from \$0.53 per pack to \$1.53 per pack, and the tax for other tobacco products increased from 10% to 35% of the wholesale price.

TOBACCO CONTROL PROGRAM CONTRACTS (FY 2007)

NOTE: Some contracts may cross state fiscal years with services beginning in one year and continuing into another.

❖ **Statewide and Regional Tobacco Prevention Contracts**

There were three regional prevention contracts held by the Tobacco Control Program in FY 2007. The purpose of these contracts is to provide prevention services and resources to individuals and organizations across the region, as well as to communities with organized tobacco prevention coalitions.

1. Northeast Prevention Resource Center \$423,254
Human Service Agency
123 19th Street
Watertown, South Dakota 57201
Contract Period: June 1, 2006 – May 31, 2007 & June 1, 2007 – May 31, 2008
Administrative Costs: \$10,944
Service Area: Beadle, Brookings, Brown, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Kingsbury, Marshall, McPherson, Roberts, and Spink
Comments: This contract also provided statewide assistance to schools via training and materials to use the Life Skills tobacco prevention curriculum. While the contract was initiated in FY07, implementation will occur in FY08 and activities will be reported on in next year's report.
2. Southeast Prevention Resource Center \$447,601
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, South Dakota 57105
Contract Period: June 1, 2006 – May 31, 2007 & June 1, 2007 – May 31, 2008
Administrative Costs: \$9,503
Service Area: Bon Homme, Clay, Davison, Hanson, Hutchinson, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Sanborn, Turner, Union, and Yankton
Comments: This contract included additional service to coordinate the annual statewide tobacco prevention workshop for community-wide coalitions across the state. While the contract was initiated in FY07, implementation will occur in FY08 and activities will be reported on in next year's report.
3. Black Hills Special Services Coop \$566,527
221 S. Central Avenue
Pierre, SD 57501
Contract Period: June 1, 2006-May 31, 2007 & June 1, 2007 – May 31, 2008
Administrative Costs: \$23,186
Service Areas: Aurora, Bennett, Brule, Buffalo, Butte, Campbell, Charles Mix, Corson, Custer, Dewey, Douglas, Fall River, Gregory, Haakon, Hand, Harding, Hughes, Hyde, Jackson, Jerauld, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Potter, Shannon, Stanley, Sully, Todd, Tripp, Walworth, and Ziebach
Comments: This contract also provides support for a statewide Cessation Coordinator. While the contract was initiated in FY07, implementation will occur in FY08 and activities will be reported on in next year's report.

❖ **Counter-Marketing**

Breukelman Kubista Group (BKG)
2407 W. 57th Street
Sioux Falls, SD 57108

\$500,000

Contract Period: April 16, 2007 – May 31, 2007 & June 1 – May 31, 2008

Administrative Costs: Administrative costs are not billed separately in this contract.

Comments: The purpose of this contract is to reduce tobacco use and support other tobacco prevention and cessation projects through the execution of statewide tobacco counter-marketing efforts. The contractor also provides assistance to the TCP to conduct evaluation of counter-marketing efforts. Activities include developing a media plan and messaging strategies, as well as selecting and/or developing messages to educate and motivate several different audiences and deliver messages in a variety of mediums throughout the year.

❖ **South Dakota QuitLine**

There were three contracts associated with the operation and evaluation of the South Dakota QuitLine.

1. Avera McKennan Hospital & University Health Center
800 East 21st Street
Sioux Falls, SD 57105

Contract Period: June 1, 2004 – May 31, 2007

Administrative Costs: Administrative costs are not billed separately in this contract. This is a fee-for-service contract with the fees as follows: A minimum monthly payment of \$4,961 for intake calls and \$24,393 for counseling calls plus \$15.00 for each intake call over 300 calls/month or 3,600 calls annually, and \$100 for each counseling call over 250 calls/month or 3,000 calls annually, and \$7 for each fax referral for which the consultant makes at least 3 separate attempts to proactively contact for counseling and provides the referring medical provider with a status report (for which the patient has given written permission to do so). In FY07, the amount paid to this consultant was \$319,447.

Comments: The purpose of the contract was to provide telephone-based tobacco cessation counseling services and promote the QuitLine, including a second opportunity for those who may have relapsed. Through the contract, tobacco users across the state have access to quit-tobacco assistance five days/week from 8:00 am to 8:00 pm, and Saturday from 10:00 am to 2:00 pm. In addition, Avera McKennan provides written support materials to callers; referrals to local cessation programs for interested callers; facilitates the process for participants to obtain approved cessation medication; and provides reports in aggregate form about call volume and demographic data of callers using the South Dakota QuitLine.

2. South Dakota State University

College of Nursing

Box 2275

Brookings, SD 57007

Contract Period: March 15, 2005 – May 31, 2007

Administrative Costs: Administrative costs are not billed separately in this contract.

Comments: The purpose of this contract was to provide evaluation of QuitLine services and reporting of quit rates/participant outcomes and caller satisfaction with the QuitLine service they received. The data collected is used to direct program efforts and provide reports regarding tobacco prevention and cessation efforts to the DOH, the Legislature, and the public. This contract spanned several fiscal years as did the service contract for the QuitLine. The amount paid on this contract in FY 07 was \$94,474.

3. Vilas LTC Pharmacy

\$826,200

200 E. Dakota, Suite 2

Pierre, SD 57501

Contract Period: June 1, 2007 – May 31, 2008

Administrative Costs: Administrative costs are not billed separately in this contract

Comments: The purpose of this contract is to provide tobacco cessation medication to eligible QuitLine participants, maintain a database with pertinent information about QuitLine participants' use to ensure individuals obtain only the allowable type and quantity of medication, and report the use by QuitLine participants.

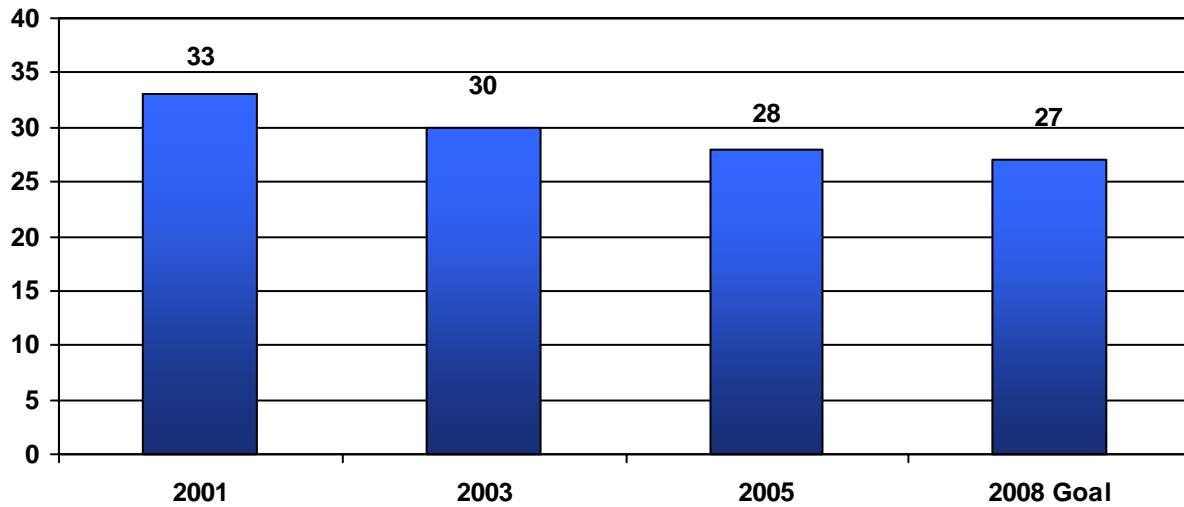
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2007			
Program Area	Federal	Other	Total
Community Programs	\$ 338,128	\$ 82,467	\$ 420,595
School Programs	\$ 2,654	\$ 976,382	\$ 979,036
Statewide Programs	\$ -	\$ 1,000	\$ 1,000
Cessation Programming	\$ 186,469	\$ 1,470,151	\$ 1,656,620
Public Education/Counter Marketing	\$ 235,855	\$ 251,389	\$ 487,244
Surveillance / Evaluation	\$ -	\$ 13,025	\$ 13,025
State Administration	\$ 138,315	\$ -	\$ 138,315
Total	\$ 901,421	\$ 2,794,414	\$ 3,695,834

ATTACHMENTS

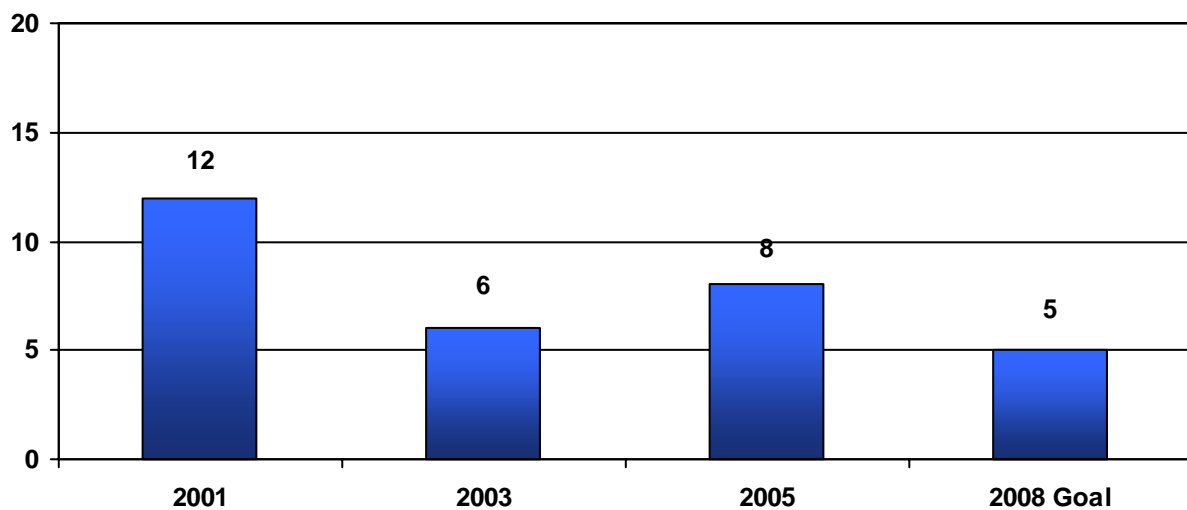
Goal 1. Prevent young people from starting to use tobacco products.

Percent of Current Smokers, Grades 9-12



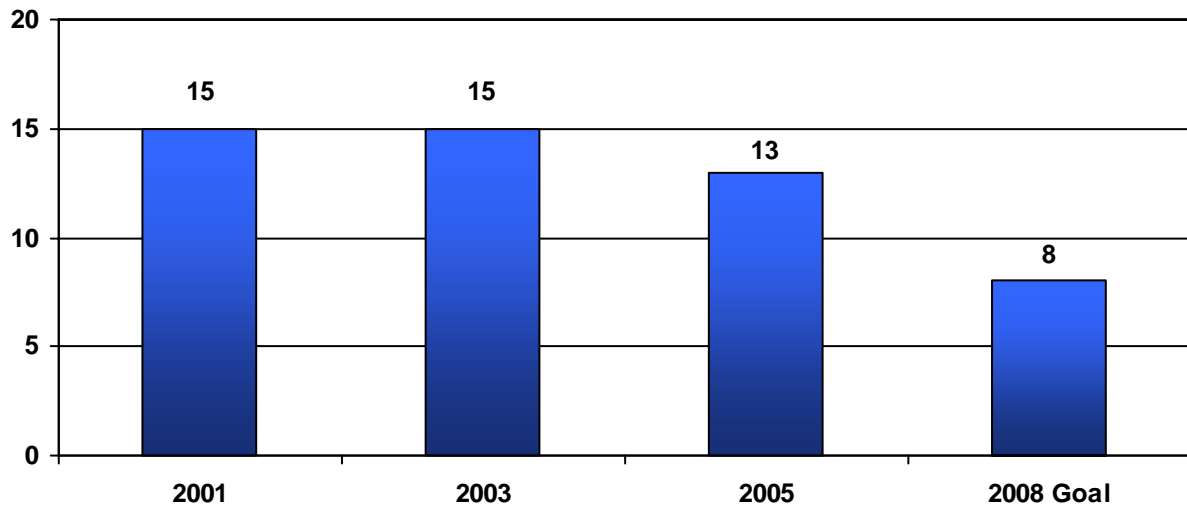
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Smokers, Grades 6-8



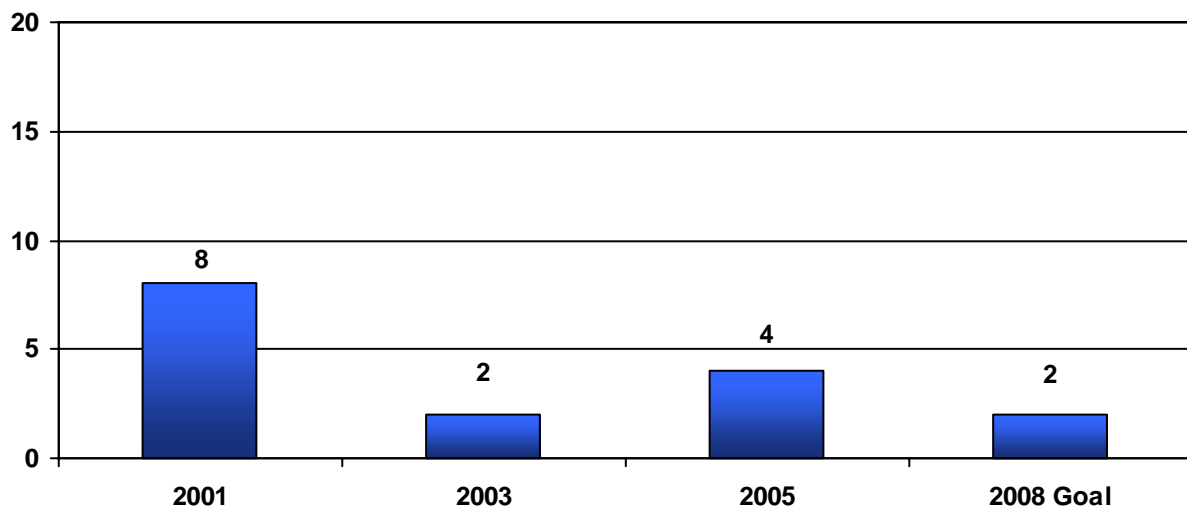
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of Current Spit Tobacco Users, Grades 9-12



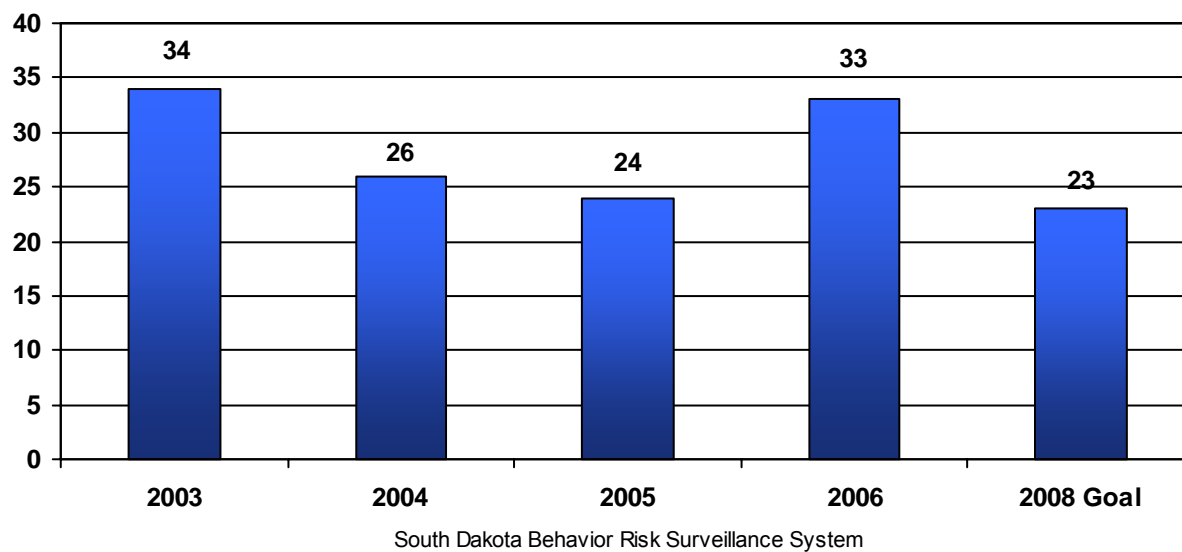
South Dakota Youth Behavior Risk Survey, Grades 9, 10, 11, and 12

Percent of Current Spit Tobacco Users, Grades 6-8

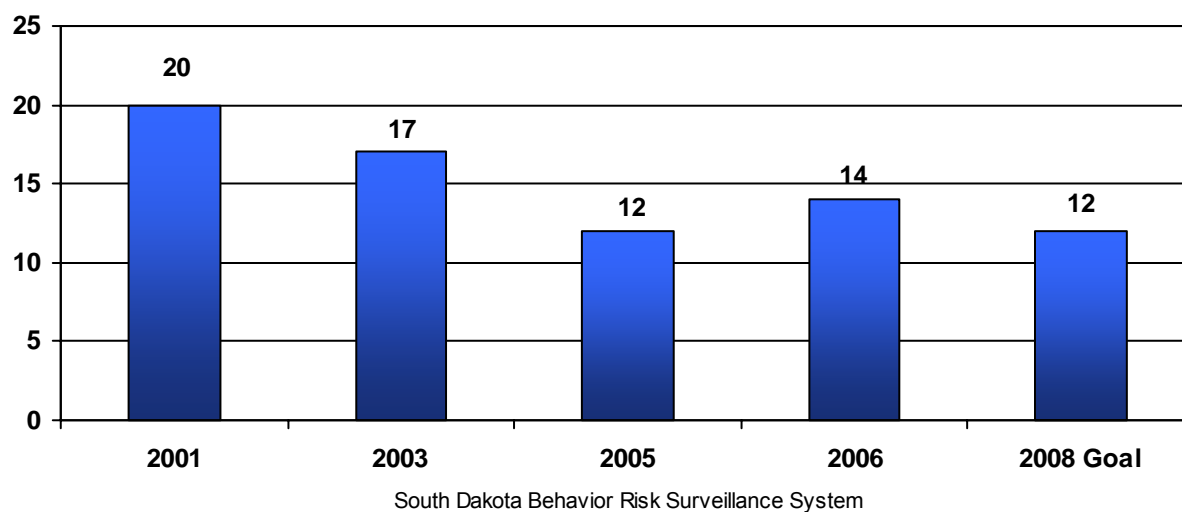


South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of 18-24 year olds who smoke

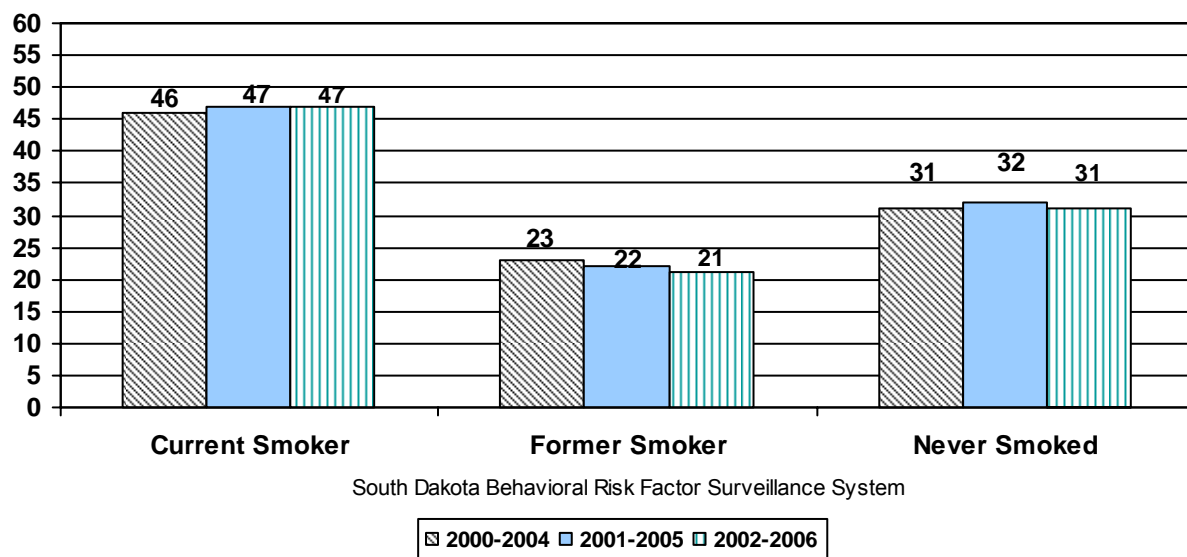


Percent of 18-24 year old males who use spit tobacco (some days or every day)

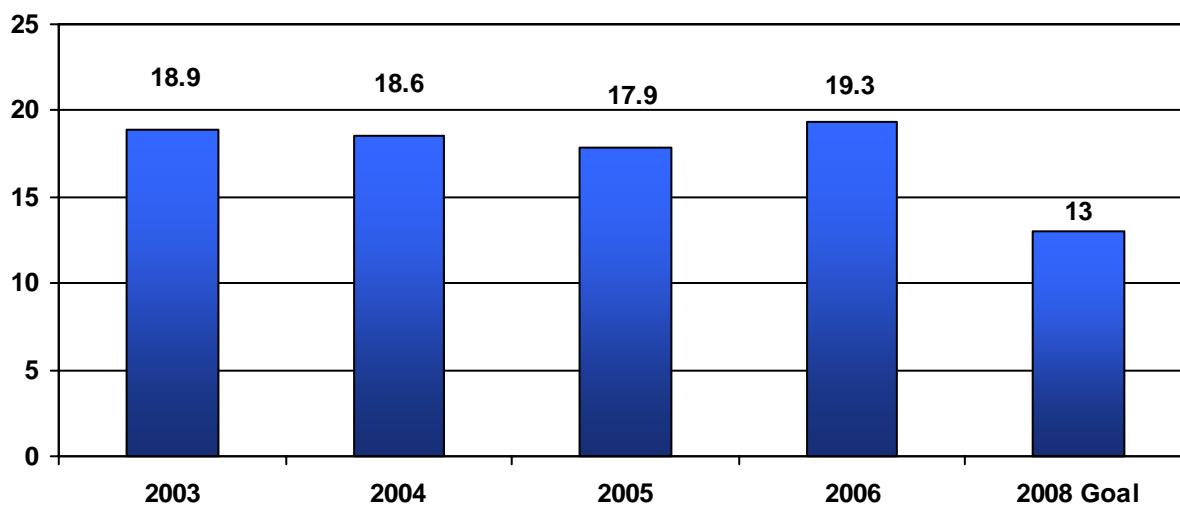


Goal 2. Persuade and help smokers to stop smoking.

Percent of American Indian Adults Who Smoke

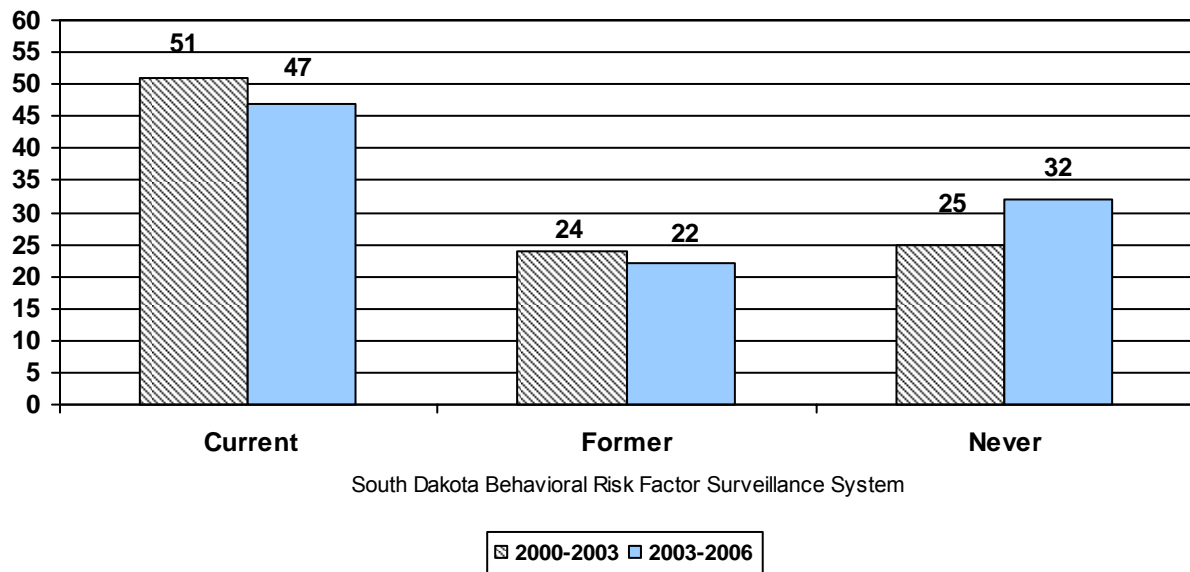


Percent of Pregnant Females Who Smoke During Pregnancy



Office of Data, Statistics & Vital Records, South Dakota Department of Health
Note: the data collection method changed slightly in 2006

Percent of Medicaid Clients Who Smoke



Goal 3. Protect nonsmokers by reducing their exposure to secondhand tobacco smoke.

According to the 2006 Surgeon General's Report, the scientific evidence is now indisputable; secondhand smoke is a serious health hazard to nonsmokers. There is no risk-free level of exposure to secondhand smoke. Separating smokers from nonsmokers, "cleaning" the air, and ventilating buildings cannot eliminate nonsmokers' exposure to secondhand smoke.

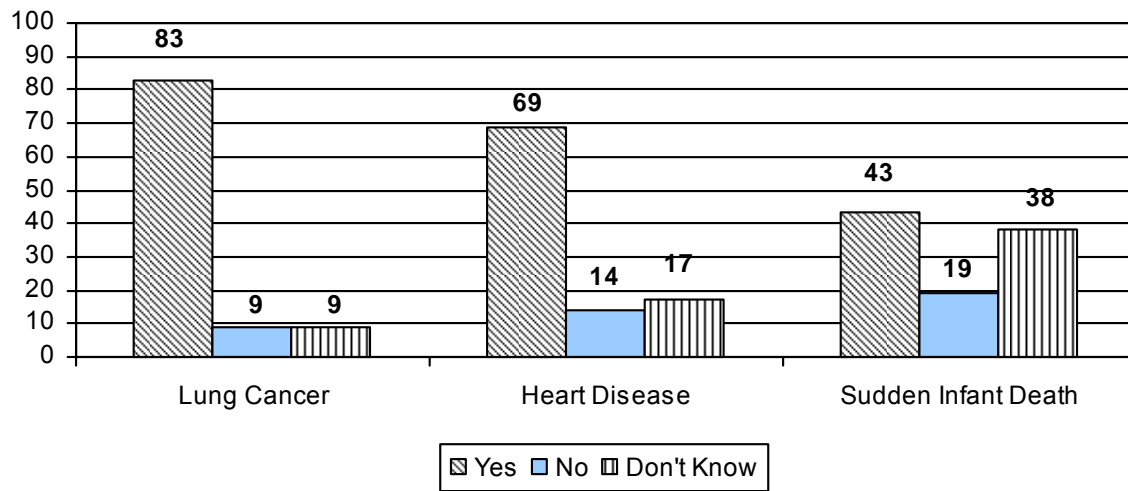
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. There are more than 50 cancer-causing chemicals in secondhand smoke. Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by the smoker. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk for heart disease by 25-30% and lung cancer by 20-30%. Breathing secondhand smoke for even a short time can have immediate adverse effects on the respiratory and cardiovascular systems in ways that increase the risk of a serious asthma attack or even a heart attack.

The 2006 Surgeon General's report advises people who already have heart disease or respiratory conditions like asthma, to take special precautions to avoid even brief exposure to secondhand smoke. Children and other nonsmokers who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. The report confirms secondhand smoke causes many health problems for nonsmokers in addition to cancer, such as sudden infant death syndrome (SIDS), pneumonia, ear problems, and severe asthma attacks in children.

In South Dakota, awareness about the health hazards of secondhand smoke has improved since the 2005 Behavioral Risk Factor Surveillance System (BRFSS) was conducted. In 2005, only 36% of respondents reported awareness that secondhand smoke caused SIDS; in 2006 that increase to 43%. In 2005, 80% reported they were aware that secondhand smoke caused lung cancer in nonsmokers, and 67% recognized heart disease resulted from exposure to secondhand smoke. The chart on the next page shows more people recognize nonsmokers are at risk for these serious health problems when exposed to smoke from tobacco products.

The percentage of employees reporting protection from secondhand smoke increased slightly since last year. According to the 2005 BRFSS, 83% of respondents who worked indoors reported that the official work policy did not allow smoking in any work areas. That number increased to 85% in 2006.

Percent who think breathing secondhand smoke causes lung cancer, heart disease, and sudden infant death syndrome



South Dakota Behavioral Risk Factor Surveillance System, 2006 data